9-2004

Flight Physician - September, 2004

Civil Aviation Medical Association

Flight PHYSICIAN

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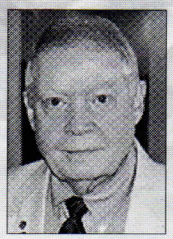
Having Withstood the Issues of Time on Controversial Issues, the Voice of CAMA Continues to Be Heard



Dr. Almand

The Civil Aviation Medical Association, CAMA, an institution with long, healthy roots, can brag of its history over the last 50 years of its growth. A small group of CAMA physicians has continued to grow and lead the way by exhibiting leadership in civil aviation medicine.

Gerald S. Blackenstoe, M.D., the first president of CAMA (1955), led the fight to establish the Office of Civil Aviation Medicine that would be headed by a "Civil Air Surgeon" with power to exercise civil aviation medical judgment and authority commensurate with that held by the chief flight surgeons of the Air Force and Navy in respect to military aviation.

The Backenstoe letter prompted later comments to Senator Bricker (a member of the Senate Committee on Interstate and Foreign Commerce, which was then holding hearings on Senate Bill S.2647 – a proposal to amend the Aviation Act) from the

Continued on page 2

Annual Scientific Meeting Highlights

Exceptional Program Includes Family; Much to See and Do in Omaha

By Jim Harris

Your CAMA program committee has put together an exceptional scientific meeting for Omaha. Some outstanding authorities will present topics about aviation medicine and flight safety.

CAMA scientific meetings are designed to include the family. Time is provided to enjoy meals together and see some of the sights of Omaha.

√ Thursday, the family can enjoy lunch and Captain Ron Nielsen's presentation, "Chicken Soup for the Soul, the Fearless Flight Kit." In the afternoon, the group will tour the Strategic Air and Space Museum, followed by dinner at the Offutt AFB Officers Club.

√ Friday following lunch, Darrell Draper will present a history of the Louis and Clark Expedition. That evening, there will be a dinner cruise aboard the *River City Star.*

√ Saturday, following lunch, John and Martha King will speak on an aviation topic. Enjoy the Honor's Night Dinner and Awards Saturday evening, with guest speaker Felix M. Maguire

Continued on page 6

TAMISIEA AWARD PRESENTED TO DR. BERRY

The John A. Tamisiea Award was established and sponsored by the Civil Aviation Medical Association in memory of John A. Tamisiea, M.D. The award is given annually to an aviation medical examiner or other individual who has made an outstanding contribution to the art and science of aviation medicine in its application to the general aviation field.

MICHAEL A. BERRY, M.D., M.S., received the John A. Tamisiea Award for his significant contributions to aerospace medicine and civil aviation medicine. He is a well-known aviation medicine consultant who has performed medical evaluations of pilots, risk factor identification, and has provided lifestyle modification recommendations and clinical care services for pilots for more than 20 years. He has extensive experience and service in aviation medicine and is a recognized leader in the aerospace medicine community. He has also provided a broad scope of services, nationally and internationally, in the fields of preventive and aerospace medicine. He has an outstanding international reputation and has received a number of awards of excellence. Because of his outstanding reputation and expertise, he is often consulted by major U.S. airlines including Delta, Southwest, and Continental Airlines. He is currently a partner and Vice-President of Preventive and Aerospace Medicine Consultants, P.A., in Houston, Texas.

Dr. Berry was born in 1946 in San Francisco, Calif. He received his M.D. degree from the University of Texas Southwestern Medical School in 1971. After a general surgery internship in the U.S. Air Force at Wilford Hall USAF School of Aerospace Medicine, Lackland AFB, Texas, he took the primary course in aerospace medicine at the USAF School of Aerospace Medicine, Brooks, AFB, Texas. He then spent 4 years as a fighter squadron flight surgeon in Madrid, Spain, and England. While in Madrid, he was flight surgeon to both the 98th Strategic Wing and the 613th Tactical Fighter Squadron and Chief Physician for remote radar sites in Spain. He was also a member of a special accident investigation team, and commander of a transportable hospital during NATO exercises.

After a year as a flight surgeon at RAF Lakenheath, UK, in 1976, he entered his residency in Aerospace Medicine at Ohio State University in Columbus, Ohio, and received his Master's Degree in Preventive Medicine in 1977. In 1978, the American Board of Preventive Medicine in Aerospace Medicine certified him. Following his residency, he became

Continued on page 13

PRESIDENT'S COLUMN from page 1

Secretary of Commerce, the chairman of the Civil Aeronautics Board, the president of the Air Line Pilots Association, the general counsel of the Air Transport Association, and the president of the Aircraft Owners and Pilots Association, all of whom were opposed to the CAMA recommendations. Having withstood the issues of time on controversial issues such as this and others, such as the Age Sixty Rule and Sport Pilots Licensing, CAMA's voice continues to be heard.

Your earlier leaders worked together as a voice to serve the aviation medicine world. As a unified effort by our founding leaders, CAMA has continued to inspire subsequent followers. The joint effort of those past CAMA members continues to show the positive effect today of CAMA's organizational harmony.

Unity in vision results in increased CAMA strength. CAMA's recent success continues to resound with the accomplishments of prior directors and presidents. CAMA's unified force is shown in excellent annual meetings and international sessions.

CAMA's financial stability and national interest in aviation medical subjects is invigorating and inspiring to all its members and corporate sponsors, as well as international authorities in aviation medicine.

CAMA's close-knit web of aviation medicine leaders has resulted in a strong civil aviation medicine representation for both a strong political and aviation professional influence. Membership continues to rise and CAMA's success in the most recent "CAMA Sunday" Age Sixty meeting at the AsMA meeting in Anchorage is just another feather in CAMA's "cap."

Omaha, October 6-9, 2004, will be the next CAMA spectacular AVMED session. The subject will be "Aviation Medicine and Flight Safety." All flight surgeons should put this meeting on the front burner. It should be a real winner, along with 22 CME-approved hours.

FP

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A Publication of the Civil Aviation Medical Association (CAMA)

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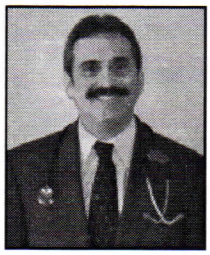
LETTER FROM THE EDITOR



By David Bryman, D.O.

Fall is almost upon us, and as such, this Arizonan is looking forward to a little cooler weather. Besides getting a break from the heat, the change of season also marks the time of CAMA's annual scientific meeting.

This years meeting will take place in the great state of Nebraska. The location is in Omaha on October 6-9th , and we expect a great turnout this year. We would especially like to extend a welcome to those members who have not attended any CAMA meetings before and would also enjoy having our fellow physicians from the Omaha area attend as well. It's always nice to meet new physicians that share our interest in Civil Aviation Medicine.

This year's agenda includes some very interesting topics that will be presented by well-known experts in the field of Aviation Medicine. The theme of the meeting is "Aviation Medicine and Flight Safety." Besides a solid scientific program, there will be opportunity to see some of the sights and enjoy the fellowship of other aviation enthusiasts.

We will be privileged to tour the Strategic Air and Space Museum and visit the Offutt AFB for dinner. The meeting will conclude Saturday night after our honors night.

CAMA is also planning for the next meeting at the Aerospace Medical Association in May in Kansas City. The traditional CAMA Sunday meeting will prove to be one of the best ever. Our intended topic will explore evidence-based medicine as it relates to medical certification of airmen, or better yet, the title should be "Show me the evidence!"

As always, we strive to improve the programs CAMA has to offer and value the opinions of our membership. We have plenty of opportunity for our newer members to become more involved, and look forward to their participation.

I would also like to see more articles submitted for publication in the *Flight Physician,* as well. We are actively seeking articles from medical students or residents who are interested in aviation medicine.

We will be offering a student scholarship award for the best article on a yearly basis. Please forward any articles or comments to my E-mail address at:

flydoc85d@msn.com.

See you in Omaha!

THE CIVIL AVIATION MEDICAL ASSOCIATION ANNUAL SCIENTIFIC MEETING AGENDA

October 6 – 9, 2004
Omaha Marriott
10220 Regency Circle
Omaha, Nebraska 68114
Phone (402) 399-9000

THEME: **Aviation Medicine and Flight Safety**

WEDNESDAY, OCTOBER 6, 2004

4:30 p.m. - 8:30 p.m. Registration
2:00 p.m. - 6:00 p.m. Board of Trustees Meeting
Fremont Room

THURSDAY, OCTOBER 7

6:45 a.m. - 7:45 a.m. Breakfast Buffet – Salon DE
7:00 a.m. - 7:45 a.m. Registration

General Session—Salon ABC

7:45 a.m. Welcome: James R. Almand, M.D., CAMA President

7:50 a.m. Invocation: DeWayne E. Caviness, M.D.

8:00 a.m. Administrative Announcements
James L. Harris, M.Ed.

8:10 a.m. Opening Remarks: James R. Almand, M.D.

8:15 a.m. **General Session**
Moderator: David Bryman, D.O.

8:15 a.m. *What Can an AME Do to Assure Aviation Safety?* Robin E. Dodge, M.D.

9:15 a.m. *Ethical Considerations of the AME-Pilot Relationship.* Clayton Cowl, M.D.

10:15 a.m. Break

10:30 a.m. *The Drug Problem in Aviation*
Charles Chesanow, D.O.

11:15 a.m. *Aviation Accident Investigation*
Charles A. DeJohn, M.D.

12:15 p.m. Lunch: Salon DE
Chicken Soup for the Soul Presents the Fearless Flight Kit. Captain Ron Nielsen

1:30 p.m. General Session – Salon ABC
Moderator: Susan Northrup, M.D.

1:30 p.m. *Medical Certification Issues in the Field of Ophthalmology*
Ingrid Zimmer-Galler, M.D.

2:15 p.m. Adjourn

2:30 p.m. Buses depart for Strategic Air and Space Museum

5:30 p.m. Buses depart for dinner at Offutt AFB

FRIDAY, OCTOBER 8

6:45 a.m. Breakfast Buffet — Salon DE

8:00 a.m. General Session — Salon ABC
Moderator: Katherine Helleur, M.D.

8:00 a.m. *AME-Assisted Authority for Special Issuance*
Warren Silberman, D.O.

8:50 a.m. *Crew Resource Management, I Hate It – What Is It?* Ron Nielsen, Captain, AWA

9:30 a.m. *Circadian Dysrrythmia.*
John Caldwell, M.D.

10:15 a.m. Break

10:30 a.m. *SSRI/Other Medications Update, Status of Certification With Their Use*
Warren Silberman, D.O.

11:15 a.m. *Accidents Related to Poor Crew Resource Management.* Mark Burman, AWA F.O.

12:30 a.m. Lunch — Salon DE
Louis and Clark Expedition
Darrell Draper

1:45 p.m. **General Session**
Moderator: Mark C. Eidson, M.D.

1:45 p.m. *Otorhinolaryngology – Spatial Disorientation.*
Anthony J. Yonkers, M.D.

2:30 p.m. Sleep Deficit and Aviation Accidents
John Hey, M.D.

3:15 p.m. Visual Illusions in Flight
R. C. Thompson, M.D.

4:00 p.m. *How an AME Handled an Accident.*
Mark C. Eidson, M.D.

Continued →

4:30 p.m.	Adjourn
5:30 p.m.	Buses leave for dinner cruise aboard the River City Star — 6:00 p.m. – 8:00
8:15 p.m.	Buses return to Marriott Hotel

SATURDAY, OCTOBER 9

6:45 a.m.	Breakfast Buffet
8:00 a.m.	**General Session** – Salon ABC Moderator: R. L. Bendixen, M.D.
8:00 a.m.	*Medical Programs* Fredrick E. Tilton, M.D.
8:45 a.m.	*Obesity and Aviation Medicine – Implications and Treatment Options.* David Bryman, D.O.
9:30 a.m.	*Preparations for Special Issuance Consideration* Earl F. Beard, M.D.
1015 a.m.	Break
10:30 a.m.	*Chemical Dependency* Steven I. Altchuler, M.D.
11:15 a.m.	*Pulmonary Problems and Treatment* Forrest M. Bird, M.D., Ph.D.
12:15 p.m.	Lunch – Salon DE Speakers: John and Martha King
1:30 p.m.	**General Session** Moderator: Gordon Ritter, D.O.
1:30 p.m.	Panel: *Clinical and Administrative Support From FAA Regional Flight Surgeons:* David P. Millett, M.D., Southern Reg. Nestor B. Kowalsky, M.D., Great Lakes Reg. Joel A. Dickmann, D.O., Central Reg. Christopher S. Taylor, M.D., N.W. Mountain Reg.
2:15 p.m.	*Respiratory Physiology* Forrest M. Bird, M.D., Ph.D.
3:00 p.m.	*Personal Altitude* John D. Hastings, M.D.
3:40 p.m.	Break
3:55 p.m.	*Cardiac Complications in the Airman* Andrew H. Miller, M.D.
4:50 p.m.	Panel: "*Would You Fly With This Pilot?*" Moderator: James R. Almand, M.D. Members: Hugh O'Neill, M.D., Canada W.T. Haggai, M.D., Nigeria David P. Millett, M.D., USA
6:00 p.m.	*Adjourn*
7:30 p.m.	Dinner: Honor's Night –Salon CDE Awards Speaker: Felix M. Maguire

PROGRAM OBJECTIVES

- To understand and apply the changes in aviation medicine to the individual's private practice.
- To assess specific clinical conditions/ disciplines with respect to aviation medicine.
- To correctly utilize the Federal Aviation medical standards with the specific conditions discussed.
- To comprehend the FAA medical program initiatives.
- To understand and be able to work with the aeromedical certification system.
- To comprehend the legal aspects of being an AME today.

CONTINUING MEDICAL EDUICATION

The American Academy of Family Practice has approved up to 22 Prescribed Credit hours for this scientific meeting.

OMAHA from page 1

as he discusses the work he is pioneering to open a VFR route from Alaska across Russia to Japan.

There are many things to see and do while in Omaha. One is the General Crook House Museum.

General George Crook was a Civil War and Indian Wars cavalry hero who was considered by General Sherman to be "the nation's finest Indian fighter." Yet, General Crook's sympathies lay with the Indian, as evidenced by his testimony in court for Ponca Chief Standing Bear in the landmark trial of 1879 that was held in Omaha. "Standing Bear vs. Crook" during the time that General Crook was headquartered at Fort Omaha as Commander of the Department of the Platte.

General Crook followed federal orders to arrest Standing Bear when he and a band of his followers left their reservation in Oklahoma to carry the bones of his son back to their homeland, "by the swift running water, the Niobrara," which had been his son's dying request. But at the same time, Crook appealed to newspaperman Thomas Tibbles to publicize the plight of the Ponca and recruit two prominent Omaha attorneys to represent the Ponca.

Tibbles and the attorneys, along with local pastors, convinced Judge Elmer Dundy to hear the case. In closing, Dundy allowed Standing Bear to address the court. The Chief's words: "My hand is not the same color as yours, but, if you pierce it, I shall feel pain. If you pierce your hand, you will also feel pain. The blood that will flow from mine will be the same color as yours. I am a man, the same God made us both."

Tibbles wrote that the Judge wept openly, as did many in the courtroom. The verdict came a week later, with Dundy ruling in favor of Standing Bear, representing the first time the Indian was given rights as a human being, in the eyes of the law.

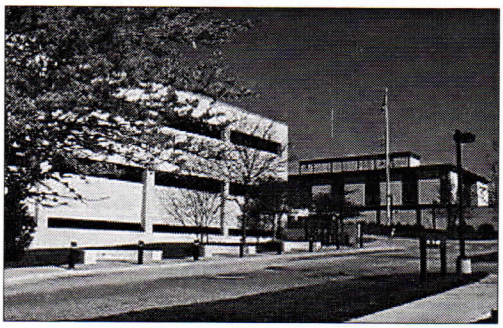
Be sure to attend this outstanding meeting—and bring the family.

FP

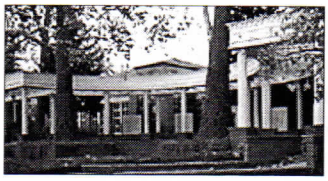
Scenic Highlights Omaha, Nebraska

Crook House and Scenic Gardens

Strategic Air & Space Museum

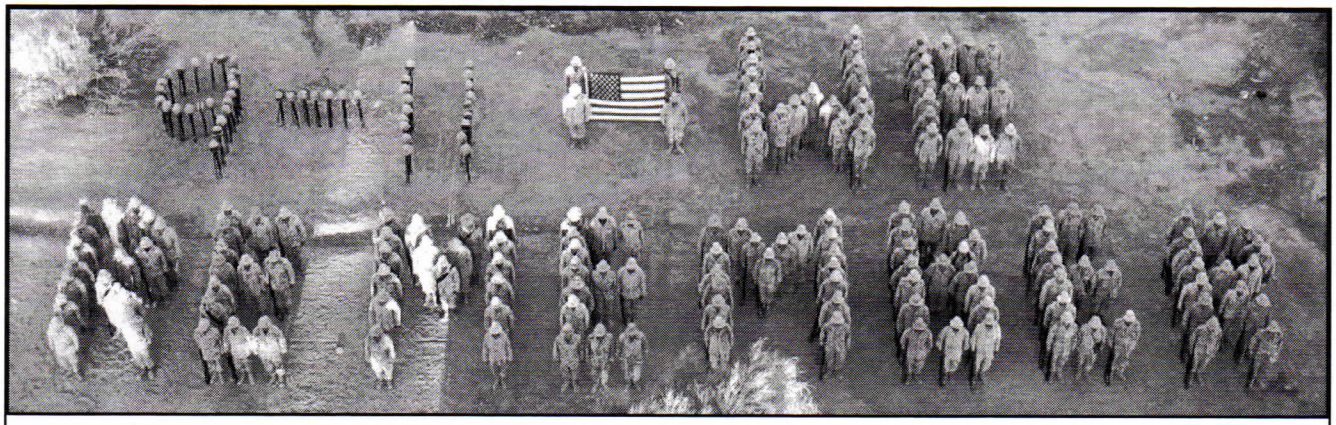


Offutt AFB Hospital



Gerald R. Ford Birthplace and Gardens

Freedom Park Naval Museum



As we put this issue of the *Flight Physician* to bed, a nation remembers the third anniversary of the worst terrorist attack ever on its soil. We observe the lives lost in senseless aggression against unsuspecting people, intent on living in peace and harmony with their neighbors but forced to retaliate against the forces of unrelenting malice.

While military battles are being fought abroad to keep the evil from our nation's doorstep, we have our ceremonies to commemorate the events of September 11, 2001, but we also enjoy our usual Saturday football and soccer games, talk politics, wash cars, go on picnics, fire up the back-yard grills, and go about our normal week-end activities.

Regardless of what passes for normal on this day, we remember.

We remember the 2,749 people lost in the World Trade Center attack. In a ceremony at Ground Zero, parents and grandparents of the victims read the names of the lost. The recitation took more than two hours. A moment of silence was observed at 8:46 a.m., the time American Airlines Flight 11 slammed into the center's north tower. Similar moments were observed for 9:03, 9:59, and 10:29 a.m. — the times of the second plane crash and of the collapse of each tower.

We remember the 184 people killed at the United States Pentagon, where that day another hijacked plane was deliberately crashed. In tribute and remembrance, officials offered a wreath and observed a moment of silence.

We remember the 40 valiant passengers and crewmembers of a fourth hijacked aircraft, all killed when they refused to allow the terrorists to destroy another cherished American landmark like the White House or the Capitol Building. In Pennsylvania, bells tolled across the state at the minute Flight 93 went down.

We remember as a nation. All of us, as communities, observe Sept. 11 in our own ways, with services at firehouses, memorial dedications, bell-ringing events, and flag ceremonies.

We remember that three years ago, we feared our normal way of life was over and that we would never again enjoy the same freedom to come and go as we pleased. Perhaps it is so. We must do things in the name of security never before imagined. It is a cost that we must bear to achieve victory in the time of all-out war against a relentless, faceless, immoral foe.

We remember how patriotism and national pride surfaced resoundingly three years ago. Jenni Carlson, a writer for the *Daily Oklahoman*, remembers how the events of 9-11 took precedence over even cherished sporting events of the day. "The importance of sports paled in the days and weeks that followed. Stadiums welcomed mourners, not fans," she wrote. Even after the games resumed, "they were as much about patriotism as about competition." At the University of Oklahoma, the Sooners unfurled an American flag that covered the football field. Rival Oklahoma State University's Cowboys organized spectators to patterns of red, white, and blue for their game with Texas A&M.

We remember our soldiers, the true heroes of our struggle against terrorism. Those who fight on the front lines of freedom in Iraq and other places that demand their presence. A grateful nation remembers and honors the men and women in the armed forces of the United States of America. May God richly reward them, protect them, and give them victory against those who would destroy our peaceful way of life and take away our freedom.

FP

A Letter From Uncle Homer

What advice about flying can a physician offer his niece?

By Homer G. Ellis, M.D.

Dear Mary,

I was delighted to hear that you are going to start flying lessons; I am sure that you will enjoy flying and becoming an excellent pilot. Your question as to certification of females is a good one.

The briefest answer is that there is nothing unusual or different for certification of women. The most important items come in relation to conditions related to the reproductive system — pregnancy, endometriosis, menstrual problems, including dysmenorrhea, and the timing of the exam for the pregnant applicant. Most conditions specific to females are dealt with in terms of their symptoms, i.e., a menstrual problem resulting in anemia would be considered on the basis of the anemia, just like anemia in a male.

Dysmenorrhea (cramps) is a condition that is not disqualifying, but caution with medications is in order. Hormonal therapy, e.g., oral contraceptives, is acceptable as are many pain relievers — Aleve, Anaprox, aspirin, or acetaminophen. Narcotics would not be a choice for pilots.

Endometriosis, while specific to females, would be handled in relation to signs, symptoms, and what medications are used. Its degree of discomfort or disability dictate whether or not to fly. Again, choice of medications holds the interest of FAA. Are the medications acceptable? Narcotics and mood-altering drugs are not acceptable.

Cancer of the female tract would be handled much as it would in males. Has it been adequately treated? Are there residual signs of the cancer? These are the sorts of questions the FAA would want answered.

Perhaps the most discussed issue is that of pregnancy. The FAA does not say a great deal about pregnancy in *The Guide for Aviation Medical Examiners.* The only gender-specific statements in that guide found on page 55.

These statements are:

Use of oral or repository contraceptives or hormonal replacement therapy are not disqualifying for medical certification. If the applicant is experiencing no adverse symptoms or reactions to cyclic hormones and is otherwise qualified, the Examiner may issue the desired certificate.

Pregnancy under normal circumstances is not disqualifying. It is recommended that the applicant's obstetrician be made aware of all activities so the obstetrician can properly advise the applicant. The Examiner may wish to counsel applicants concerning piloting aircraft during the third trimester, e.g., the proper use of lap belt and shoulder harness warrants discussion.

Often, we see the admonition in print that the pregnant pilot discontinues flying if the enlarging abdomen hampers the throw of the yoke. Mary, my experience has been that most obstetricians are very conservative, knowingly or not, in their recommendations to pregnant pilots. Most obstetricians limit exercise, activity, or work rather quickly in the face of possible complications of pregnancy.

Of some importance to the professional pilot is the matter of pregnancy or sick leave policies of employers. This is best dealt with on an individual basis with the employer. Finding a comfortable uniform acceptable to the employer when pregnancy becomes more advanced can be a pesky problem.

I earnestly hope that his will answer some of your questions and relieve your anxiety over the certification of women.

Your devoted Uncle,

Uncle Homer

Dr. Ellis is a pilot, an Aviation Medical Examiner, and he has had a 40-year career in obstetrics and gynecology.

FP

Just Checking

Little Mikey, four years old, walked down the beach, and as he did, he spied a matronly woman sitting under a beach unbrella on the sand.

He walked up to her and asked, "Are you Jewish?"

"Yes," she replied.

"Do you know the Ten Commandments?"

She nodded her head, "Yes."

"Do you pray often?" the boy asked next, and again she answered, "Yes."

"Do you keep Kosher?" the boy asked.

"I do," said the lady.

With that he asked his final question, "Will you hold my dollar while I go swimming?"

CIVIL AVIATION MEDICAL ASSOCIATION

Sustaining and Corporate Members

The financial resources of individual members alone cannot sustain the Association's pursuit of its broad goals and objectives. Its forty-six year history is documented by innumerable contributions toward aviation health and safety that have become a daily expectation by airline passengers worldwide. Support from private and commercial sources is essential for CAMA to provide one of its most important functions: that of education. The following support CAMA through corporate and sustaining memberships:

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Thank You For Supporting the Civil Aviation Medical Association.

Banyan's EMK Includes:

Ampules
Benadryl 1ml 50mg/ml (2)
Epinephrine 1ml 1:1,000 1mg/ml (2)

Inhalant
Albuterol Inhaler 17gr (1)

Oral Medications
Acetaminophen 325gr (4)
Aspirin 325gr (4)
Diphenhydramine 25mg (4)
Nitroglycerin 1/150gr (25)

Prefilled Syringes
Atropine Sulfate 5ml (2)
Dextrose 50% 50ml (1)
Epinephrine 10ml 1:10,000 (2)
Lidocaine 2% 5ml (2)

I.V. Equipment
I.V. Catheter 20 gauge x 1" (2)
I.V. Set w/Y-site and clave (1)
Sodium Chloride, 500ml bag (1)

Airway Equipment
Airway, Pediatric (1)
Airway, Small Adult (1)
Airway, Large Adult (1)

Manual Resuscitation
Ambu Bag (1)
Mask, Pediatric (1)
Mask, Small Adult (1)
Mask, Large Adult (1)
CPR Mask Adapter (1)

Miscellaneous Equipment
Alcohol Sponges (2)
Gloves (1 pr.)
Scissors (1)
Tape (1)
Tourniquet (1)

Needles & Syringes
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Fairfield, OH 45242
Phone: 513-759-2243
Internal Medicine AME

CAMA Welcomes Our New Members to the Growing Body of Aviation Medicine Advocates

DR. BERRY from page 2

the Chief of the Medicine Clinic at the NASA Johnson Space Center in Houston, Texas, where he was responsible for the screening and selection of new astronauts, clinical and preventive medicine for the astronauts and their dependents, and participated in the medical certification and training of astronauts for space flight, as well as medical monitoring during flight. In addition to participating in the extensive medical preparations for the first flight of the Space Shuttle, he served as a member of the flight control team for the first two flights of the shuttle Columbia.

On leaving NASA, he entered his current private practice of aerospace medicine. He has been a Senior Aviation Medical Examiner for the FAA since 1979. He is also an Aviation Medical Examiner for Canada

Dr. Berry is a Past President and Fellow of the Aerospace Medical Association, and a fellow of the American College of Preventive Medicine. He was also past Vice-President and is a member of the Board of Trustees of the Civil Aviation Medical Association, and a past Director and Selector of the International Academy of Aviation and Space Medicine. He served as a Board member and Trustee of the American Board of Preventive Medicine and as the Vice-Chair for Aerospace Medicine for the Board from 1990 through 1998. He has also served as President of the Society of NASA Flight Surgeons.

He is the recipient of numerous national awards, including the Air Force's National Defense Service Medal (1971); the Special Award for outstanding contributions in the approach and Landing Test Program (1978);AsMA's Julian E. Ward Memorial Award (1979); the Physician's Recognition Award of the American Medical Association (1979 and 1982); NASA Special Achievement Award (1980); and the First Shuttle Flight Achievement Award (1981). He has several academic appointments, including Adjunct Assistant Professor of Aerospace Medicine at the University of Texas School of Public Health in Houston, Texas, and Visiting Lecturer in Space medicine at the USAF School of Aerospace Medicine at Brooks AFB, Texas. He has published numerous articles in professional journals and chapters in major textbooks, including a chapter on Civil Aviation Medicine in the standard textbook, "Fundamentals of Aerospace Medicine." He is also a member of the Space Medicine Branch of the AsMA, the American College of Flight Surgeons, the Society of NASA Air Force Flight Surgeons, the Society of NASA Flight Surgeons, and the Wilderness Medical Society.

FP

IN FLIGHT MEDICAL EMERGENCIES

"Is there a doctor on the plane?"
Longer flights, combined with our aging populations' medical concerns can add up to costly delays and diversions due to medical emergencies

BY DAVID BRYMAN, D.O., SENIOR AVIATION MEDICAL EXAMINER, FAA, TRANSPORT CANADA, JAA

I RECENTLY FLEW from Phoenix, Arizona, to the United Kingdom on a non-stop flight in just over ten hours. Last week, I read about a scheduled flight from Los Angeles to Mumbai on Air India. Newer aircraft are designed to fly further and faster than ever before. They carry more passengers and flight crew than thought possible several years ago. For example, a Boeing 747-400 holds up to 425 passengers, and an Airbus A380 has 550 seats.

Rising fuel costs and other challenges are forcing the airlines to carry as many paying passengers as possible at one time. Long-haul flights are becoming increasingly common and are necessary for the airline industry as a whole to ensure economic survival. But longer flights, combined with our aging populations' medical concerns, can add up to costly delays and diversions due to medical emergencies onboard. An unscheduled landing on a flight from LA to India defeats the purpose of producing these advanced, long-duration aircraft.

The topic of handling In-flight medical emergencies are becoming more common as part of risk management and financial concerns with the airlines. There must be some consideration to the unique flight environment that may make medical emergencies in the airplane more severe. Also, one must be sure there are adequate medical equipment and personnel onboard to handle a medical crisis.

What concerns might a physician or medically trained passenger aboard a commercial flight have regarding rendering care to a fellow passenger, or worse, a member of the flight crew?

First, let us look at the general health of the pilots. Pilots are routinely examined by their aviation medical examiner: captains every six months and first officers every 12 months. The FAA medical standards are designed to keep pilots healthy, as well as to protect the public from pilots who are not medically fit to fly, thus highly motivating them to live healthy lifestyles.

Studies show that commercial pilots have fewer cases of hypertension, cancer, diabetes, and heart disease than the general population (*Aviation, Space, and Environmental Medicine*). Therefore, medical emergencies involving the pilots and crew are minimal.

The health of passengers, on the other hand, is generally unknown to the flight crew.

Factors that may be associated with a passenger becoming ill during a flight include: advanced age, alcohol consumption, flight anxiety, fear of terrorism, circadian rhythm disturbances, low humidity, reduced cabin pressure with mild hypoxia, and infectious diseases.

The most common medical complaints onboard are dizziness and fainting, followed by respiratory symptoms and chest pain. Most commonly, medical emergencies result from neurogenic syncope and cardiac events. The average age of a distressed passenger is 62 years old.

Typical sequence of events during an onboard medical crisis

- The ill passenger calls the flight attendant.
- The flight attendant notifies the captain of the medical problem.
- The emergency medical system is activated.
- An emergency room physician is consulted through a system called Medlink (not all carriers have a Medlink or UPMC ground-to-air communication system.)

If a medical assessment is needed, the flight attendant will ask for a medically trained individual to identify themselves to the crew. There is a physician passenger onboard a commercial flight 40-90% of the time.

The medical provider will consult with the captain and the Medlink physician, if available. Together, they will advise the captain about the necessity to divert to a closer airport for medical help.

Diversions are also decided by weather and pilot/airline familiarity with the divert airfields. It should be recognized that regardless of the thoughts of the physicians onboard or on the ground, the captain determines when to divert and to where. Rarely will the captain challenge a physician's recommendation to divert but determines the destination airfield. Similarly, the smaller, regional aircraft may be more likely to divert/land because they can get to the ground much faster and are less likely to have qualified medical personnel aboard.

The nature of the medical condition may also be considered as a factor to determine which airport is most appropriate. For example, the

Continued →

closest airport for diversion may be a small city in Ohio. But if the passenger is having chest pain, Cincinnati may be the wiser choice, even though it is further because they have a cardiac team on stand-by prepared to do a bypass.

There are approximately 300-350 medical events onboard per month and approximately 20-25 deaths per year per airline. On average, a major US airline diverts 20-25 times per month with approximately 90% of these domestic.

The cost of a medical emergency is related to the expense of a diversion. I have been told it can range from $50,000 to $100,000 depending on whether the diversion is domestic or international. Factors include landing fees, fuel dumping, taxes, and hotel accommodations for passengers and crews. Other factors include schedule delays and safety risks.

In response to the cost and increased incidence of in-flight medical emergencies, the airlines have training programs for the flight crew to help them recognize and respond to medical emergencies. They are also improving the onboard medical equipment. Commercial aircraft usually carry medical equipment suitable for many different emergencies. The medications and equipment in the Enhanced Emergency Kits (EMKs) are found on carriers as small as the 7,500 lbs regional a/c, to the "big guys." One can expect the minimum supplies in the kit, not much more.

EMKs typically contain the following items: BP cuff, stethoscope, adult and pediatric airways, CPR masks, IV set, alcohol, tape, scissors, tourniquet, 500cc saline bag, gloves, needles, syringes, ASA, oral and injectable antihistamine, atropine, epinephrine, lidocaine, bronchodilators, nitro, dextrose 50%/50cc and, of course, an instruction book.

The enhanced emergency kits are to be used only by medical professionals. In fact, the flight crew will likely ask for identification and credentials before allowing the kit to be opened. The flight attendants are not expected to administer medication or start IV's.

The aircraft also has an automated external defibrillator (AED) onboard. This device has been proven over and over to save lives. In a one-year period, an AED was used to deliver at least one shock in 17 separate events from 119 cardiac events. From these events, 4 passengers and 1 crewmember reportedly survived. AEDs are so user-friendly that they are now described in basic CPR classes.

Physicians and licensed providers who choose to respond to an onboard medical emergency are covered under the "good Samaritan" law from malpractice/damages, but that still means they need to provide a reasonable standard of care. Additionally, they should not expect to be compensated by the airline for their work. Doing so represents the appearance of a "contract" between physician and airline, opening up the "deep pocket" for law suits.

Although the equipment onboard is improving, the number of emergencies attended to in flight is still ever-present and increasing. What response should the airlines and physicians trained in Aerospace and Aviation medicine do to improve and decrease this problem?

One thing the aviation medical physician might do is to educate the general medical community on what illness may be appropriate for air travel and when one should wait to fly. The following list is just some general medical guidelines for air travel.

Conditions with which one should probably not travel by air include:

- Severe valvular heart disease
- Uncontrolled hypertension
- Active psychosis
- Severe asthma
- Pleural effusion
- Severe chronic obstructive pulmonary disease

Conditions that should be completely resolved prior to flying:

- Pneumomediastinum
- Otitis media
- Sinusitis
- Pneumothorax

Those with recent abdominal surgery should wait at least 2 weeks.

Patients who underwent laparoscopy or colonoscopy should wait at least 2 days.

Retinal detachment patients should wait 2-6 weeks.

Skilled, onboard medical attention is likely needed for patients who have uncontrolled diabetes, significant anemia, or rapidly progressive renal failure.

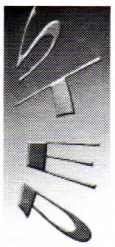
Future considerations

In the near future, aviation medicine will likely include more recommendations regarding air travel. As aircraft get larger, I wonder if one day there will be a need for a small onboard emergency treatment area.

Also, some consideration might be given to including medical certification and standards for *passengers,* as well as the flight crew. Imagine the logistics of diverting an aircraft that travels to the limits of the atmosphere in the future.

FP

TAKING THE FIRST



Riding a helium balloon to 20 miles above the Earth, he stood up, turned around to the door, took one final look out, and said a silent prayer, "Lord, take care of me now." Then he jumped over the side...

—Recalling a wild ride and world records that remain unchallenged after four decades

BY JIM CLASH

JOE KITTINGER is not a household aviation name like Neil Armstrong or Chuck Yeager. But what he did for the U.S. space program is comparable. On Aug. 16, 1960, as research for the then- fledgling U.S. space program, Air Force Captain Joseph Kittinger rode a helium balloon to the edge of space, 102,800 feet above the earth, a feat in itself. Then, wearing just a thin pressure suit and breathing supplemental oxygen, he leaned over the cramped confines of his gondola and jumped—into the 110-degree-below- zero, near- vacuum of space.

Within seconds, his body accelerated to 714 mph in the thin air, breaking the sound barrier. After free- falling for more than four and a half minutes, slowed finally by friction from the heavier air below, he felt his parachute open at 14,000 feet, and he coasted gently down to the New Mexico desert floor. Kittinger's feat showed scientists that astronauts could survive the harshness of space with just a pressure suit and that man could eject from aircraft at extreme altitudes and survive.

Upon Kittinger's return to base, a congratulatory telegram was waiting from the Mercury Seven astronauts—including Alan Shepard and John Glenn. More than four decades later Kittinger's two world records—the highest parachute jump, and the only man to break the sound barrier without a craft and live—still stand. We decided to visit the retired colonel and Aviation Hall of Famer, now 75, at his home in Altamonte Springs, Florida, to recall his historic jump.

FORBES GLOBAL: Take us back to New Mexico and Aug.16, 1960.

KITTINGER: We got up at 2 a.m. to start filling the helium balloon. At sea level, it was 35 to 40 feet wide and 200 feet high; at altitude, due to the low air pressure, it expanded to 25 stories in width, and still was 20 stories high! At 4 a.m. I began breathing pure oxygen for two hours. That's how long it takes to remove all the nitrogen from your blood so you don't get the bends going so high so fast. Then it was a lengthy dress procedure layering warm clothing under my pressure suit. They kept me in air-conditioning until it was time to launch because we were in the desert and I wasn't supposed to sweat. If I did, my clothes would freeze on the way up.

FORBES: How was your ascent?

KITTINGER: It took an hour and a half to get to altitude. It was cold. At 40,000 feet, the glove on my right hand hadn't inflated. I knew that if I radioed my doctor, he would abort the flight. If that happened, I knew I might never get another chance because there were lots of people who didn't want this test to happen. I took a calculated risk, that I might lose use of my right hand. It quickly swelled up, and I did lose its use for the duration of the flight. But the rest of the pressure suit worked. When I reached 102,800 feet, maximum altitude, I wasn't quite over the target. So I drifted for 11minutes. The winds were out of the east.

FORBES: What's it look like from so high up?

KITTINGER: You can see about 400 miles in every direction. The most fascinating thing is that it's just black overhead—the transition from normal blue to black is very stark. You can't see stars because there's a lot of glare from the sun, so your pupils are too small. I was struck with the beauty of it. But I was also struck by how hostile it is: more than 100 degrees below zero, no air. If my protection suit failed, I would be dead in a few seconds. Blood actually boils above 62,000 feet. I went through my 46-step checklist, disconnected from the balloon's power supply and lost all communication with the ground. I was totally under power from the kit on my back. When everything was done, I stood up, turned around to the door, took one final look out and said a silent prayer: "Lord, take care of me now." Then I just jumped over the side.

FORBES: What were you thinking as you took that step?

KITTINGER: It's the beginning of a test. I had gone through simulations many times—more than 100.

Continued →

I rolled over and looked up, and there was the balloon just roaring into space. Then, I realized that the balloon wasn't roaring into space; I was going down at a fantastic rate! At about 90,000 feet, I reached 714 mph. The altimeter on my wrist was unwinding very rapidly. But there was no sense of speed. Where you determine speed is visual—if you see something go flashing by. But nothing flashes by 20 miles up—there are no signposts there, and you are way above any clouds. When the chute opened, the rest of the jump was anticlimactic because everything had worked perfectly. I landed 12 or 13 minutes later, and there was my crew waiting. We were elated.

FORBES: How about your right hand?

KITTINGER: It hurt—there was quite a bit of swelling and the blood pressure in my arm was high. But that went away in a few days, and I regained full use of my hand.

FORBES: What about attempts to break your record?

KITTINGER: We did it for air crews and astronauts—for the learning, not to set a record. They will be going up as skydivers. Somebody will beat it someday. Records are made to be busted. And I'll be elated. But I'll also be concerned that they're properly trained. If they're not, they're taking a heck of a risk.

FP

Columnist Jim Clash is author of To the Limits *(John Wiley & Sons, 2003) and a Fellow at the Explorers Club.*

HONORING PAST PRESIDENTS OF CAMA

Stephen V. Blizzard, B.Sc., M.D., D.Av.Med.

It has been the desire of CAMA President James R. Almand, M.D., to highlight past presidents in the FlightPhysician *to give members an insight into their background.*

The Civil Aviation Medical Association (CAMA) has been privileged to have some of the most dedicated physicians as its leaders through the years. Stephen V. Blizzard, M.D., became president in 1991 at a time when CAMA needed to make some major decision about its future. Dr. Blizzard came in with a vision as to where he wanted CAMA to go, and what he wanted the association to become. In his quiet way, he was able to set CAMA on a course of growth and service to the flying public. As the torch was passed on to each of the presidents to-date, this dream has been moved forward, and today, the association in nearing the 1000-member mark. Leaders can only give direction; it is up to the members to see that the goals are met and the association provides a valuable service to civil aviation medicine.

Stephen Blizzard, M.D. was born in Belmont, Port of Spain, Trinidad, West Indies in 1928, the second of seven children. His parents were both school teachers, and his father was the Headmaster of the Moulton Hall Methodist School in Port of Spain. Dr. Blizzard won a College Exhibition from that school at the age of 11 and attended Queen's Royal College, obtaining the Cambridge Higher Certificate (Science Group) in 1946.

In 1948, he competed for and won a Trinidad Government Veterinary Scholarship and was sent to Edinburgh, Scotland, where he graduated B.Sc and Member of the Royal College of Veterinary Surgeons in 1953.

While in Scotland, Dr. Blizzard started his military career and became a member of the Edinburgh University Air Squadron flying Tiger Moths.

Dr. Blizzard left Scotland to return to Trinidad in 1954 and worked as a veterinarian for the government, fulfilling the terms of his scholarship. In 1958, he migrated to Canada and taught in the department of Surgery at the Ontario Veterinary College, now a part of the University of Guelph. The following year, Dr. Blizzard applied to medical school at the University of Western Ontario, earning his medical degree in 1963. In his second year at the University of Western Ontario, Dr. Blizzard was one of 60 students selected for the 45-month subsidization plan by the Royal Canadian Air Force (RCAF).

After graduation, Dr. Blizzard interned at the Ottawa Civic Hospital and then to the National

Continued on page 18

DR. BLIZZARD from page 17

Defense Medical Centre (NDMC) as the first Resident in Surgery. He spent two other compulsory years of service at the C.F.D. Rockcliffe Base and doing Emergency duty at NDMC.

He was then posted to RCAF Station Moose Jaw. In addition to doing a full-time job as Base Surgeon, he did Basic Jet Training on the Tutor and Advanced Jet Training on the T-33. He graduated as a Military Jet Pilot in 1968. He was then posted to the RCAF Institute of Aviation Medicine as Deputy Commanding Officer of the Central Aircrew Medical Board.

Dr. Blizzard then practiced medicine for six years in Trinidad, where amongst other activities, he was a member of the Air Transport Licensing Authority, Chairman and Flying Instructor of the Light Airplane Club, and Headquarters Commissioner for Air Scouts. He also presented the first paper in Aviation Medicine in the Commonwealth Caribbean "Aerial Transportation of Patients." In Trinidad, Dr. Blizzard was the Senior FAA Aviation Medical Examiner as well as Aviation Medical Examiner for Canada, the U.K., and Trinidad.

On his return to Canada in 1975, he re-enlisted as a Major in the Canadian Armed Forces and served in the Middle East and Zimbabwe. He did post-graduate training in Aviation Medicine at the Royal Air Force Institute of Aviation Medicine, obtaining the Royal College Diploma of Aviation Medicine. He was then Advisor to the Surgeon-General in Aviation Medicine and served on several NATO Committees. He retired after 16 years in the Military. He then worked with the Federal government as a Senior Consultant in the Department of Civil Aviation Medicine until 1995. During this period, he was a delegate to the Soviet Union with a group of Aviation Medicine Specialists and visited Moscow, including Star City (where the cosmonauts and now Canadian and American astronauts train) and St. Petersburg. He also visited the Space Centre in Baikonur, Khazhakistan, where the space travelers are launched.

In 1978, Major Blizzard was a member of the Medical Team on the very first Airlift of Vietnamese Refugees to Canada, Operation Magnet 1 from Kuala Lumpur, Malaysia, to Montreal via Tokyo and Elmendorf Air Force Base, Alaska.

His special interests are transporting patients by air and pilot fatigue.

He is the author of many scientific papers, including Government publication "Patient Care in Flight" and "Flight Times and Flight Duty Times in Canada."

He has given presentations on Aviation Medicine in Canada, the USA, India, and Greece.

He is the past president of the Canadian Association of Aeromedical Transportation Systems, past president of the Canadian Society of Aerospace Medicine, Canadian Aerospace Medicine Aeromedical Transport Association, and the Civil Aviation Medical Association. He is a Fellow of the Aerospace Medical Association and is also a Member of Selector of the International Academy of Aviation and Space Medicine (membership limited to 250 worldwide).

In November 2002 at the International Civil Aviation Organization headquarters in Montreal (the International Academy of Aviation and Space Medicine), he was presented with the Edward Warner Award, the highest honor in the world of Civil Aviation.

He is also an Association Member of the Airline Medical Directors Association and member of the International Association of Military flight Surgeon/Pilots.

Dr. Blizzard obtained a commercial pilot's license in 1964 and has held Instrument and Multiengine ratings.

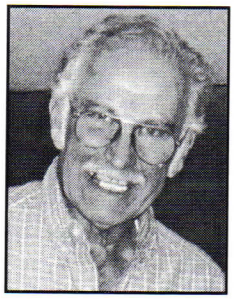
Dr Blizzard received the 2004 Dr. Wilbur Franks Award for his significant contribution to Aerospace Medicine and Air Medical Transport.

FP

MEMBERS 'GONE WEST'

HEWETTE A. THIAN, M.D.

6-24-26 — 8-9-04



DR. HEWITTE A. THIAN was an Aviation Medical Examiner since 1964, and he was a member of the Aerospace Medical association, as well as serving on the boards of both the Civil Aviation Medical Association and the FPA.

Career Highlights

Dr. Thian completed his surgical residency at Charity Hospital in New Orleans in 1959, and he served as a general surgeon in New Orleans area hospitals for over a quarter of a century. He was a pioneer in trauma surgery as the modern emergency rooms evolved.

Dr. Thian was an ardent and accomplished pilot with extensive flight background. In the mid-1970s, he projected a unique "Intensive Care Transport" Medical Evacuation service for workers on the off-shore oil rigs in the Gulf of Mexico. He carefully analyzed every last detail of the projected services before committing to the development of the overall program.

He visited the principals of the existing off-shore operations that served the oil rigs with helicopter transport services, revealing his projections and asking for their "blessings." They appeared to believe the venture had merit and would be the first of its kind.

In the late 1970s, he consulted with me relative to the installation of his latest critical care "Military Transport Cardiopulmonary Systems" in three special French Dauphine helicopters. This would allow the transport of the most critically injured or acutely ill off-shore patients by helicopter into the finest New Orleans medical facilities, landing on their hospital helipads.

As one can realize, this was a major financial commitment requiring broad-span logic directed toward administrative, medical, technological, and political aspects.

He generally selected the Dauphine helicopters because they had a shrouded tail rotor, which reduced the potential for medical personnel becoming critically injured while off-loading.

Retirement

After completing his medical-oriented obligations, Hewitte and his wife, Dory, retired to their Rocking T Ranch in Bay St. Louis, Mo., where they raised highly prized horses. They developed a fine airstrip and hangar on their ranch, and Dory become a qualified copilot.

Dory and Hewitte were enjoying their semi-retirement, when Dory got the shocking diagnosis of cancer. She fought a valiant but losing battle over the next few years, only to die in agony with intracranial cancer.

With Dory's passing, Hewitte's own health began to deteriorate. In a conversation just days before his death, Hewitte complained about the wet weather that was blocking him from harvesting his hay. He also told me, "I don't want to die the living hell that Dory went through. A massive circulatory collapse is my choice."

Several days later, Hewitte's son-in-law arrived in the early evening to help him with the hay harvest, only to find Hewitte's tractor stalled out against one of the massive, round hay bales, with Hewitte collapsed over the steering wheel.

Hewitte got his wish!

Hewitte was my friend!

—Forrest M. Bird, M.D., Ph.D.

On The Horizon

Aerospace Medical Association Annual Meeting Schedule

May 8 – 12, 2005 _____ Kansas City, Missouri

Civil Aviation Medical Association Annual Meeting Schedule

October 6 – 10, 2004 _____ Omaha, Nebraska, Marriott Omaha Hotel

October 5 – 9 , 2005 _____ Charleston, South Carolina Renaissance Charleston Hotel Historic District

October 4 - 8, 2006 _____ Ottawa, Canada, Ottawa Marriott Hotel

October 6 - 10, 2004
We are meeting in
Omaha, Nebraska
Make plans to attend and take the family!

FAA Aviation Medical Examiner Seminar Schedule

2004

November 5-7 ___ Tampa/Ft. Lauderdale, Fla., area Neuro/Psychol/Phy

November 15-19 _ Oklahoma City, Okla. Basic

2005

January 21-23 ___ Irvine, Calif. Neuro/Psychol/Phy

February 25-27 __ Austin, Texas Cardiology

March 14-18 ____ Oklahoma City, Okla. Basic

May 8-12 _____ Kansas City, Mo. (AsMA) Ophth/Otolaryn/Endocrin

June 13-17 _____ Oklahoma City, Okla. Basic

July 15-17 _____ Bellevue, Wash.Neuro/Psychol/Phy

August 5-7 _____ Boston, Mass. Cardiology

September 12-16 _ Oklahoma City, Okla. Basic

November 18-20 _ Savannah, Ga. Aviation Physiology/HF

For information, call your regional flight surgeon. To sigh up for a seminar, call the FAA Civil Aerospace Medical Institute's AME Programs Office: (405) 954-4830.